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ARIZONA STATE BOARD OF HEALTH State File No. BUREAU OF VITAL STATISTICS Registered No. 1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH District or Township (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed. 6. Legitimate 1, 7. Date Sex of Child To be answered ONLY 4. Twin, triplet or in event of plural Month 5. No., in order of birth..... births. MOTHER 14. FATHE 8. Full maiden name Full name 15. Residence 9. Residence (Usual place of abode) (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. 16. Color or race 10. Color or race 11. Age at last birthds 33(Years) 17. Age at lest birthday & 6 (Years) 18. Birthplace (city or place) 12. Birthplace (city or place) (State or country) (State or country) 19. Occupation 13. Occupation Nature of Industry Nature of Industry 21. Were precaution taken against oph-(a) Born alive and now living 20. Number of children of this mother..... thalmia neonatorum? (b) Born alive but now dead..... (Taken as of time of birth of child herein (c) Stillborn certified and including this child.) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE .m .on the date above stated. I hereby certify that I attended the birth of this child, who was ... *When there was no attending physician Signature 10 or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor (Physician or midwife.) shows other evidence of life after birth. Given name added from a supplementl report..... Month. day. year

479-1121-421

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